

**PROCESS SERVICE INFORMATION**

\_\_\_\_\_  
Plaintiff      VS      Defendant  
\_\_\_\_\_  
Docket Number      AZ007081J      0745  
Court No. NCIC      Court No. DPS

**Warning**

This information will be used by the agency that you selected to serve your court documents. Be as accurate and complete as possible when filling out this form so that proper and timely service of your document can be made. If you fail to supply sufficient and accurate information, your documents may not get served. **YOUR INFORMATION WILL NOT BE GIVEN TO THE DEFENDANT IN THIS MATTER.**

**REQUIRED PLAINTIFF INFORMATION (You):**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**REQUIRED DEFENDANT INFORMATION (Person you want served):**

Name: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Does the defendant have any scars/marks/tattoos: \_\_\_\_\_  
Home address: \_\_\_\_\_ Apt#: \_\_\_\_\_ City: \_\_\_\_\_  
Apartment Complex Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Days Off: \_\_\_\_\_  
Work Address: \_\_\_\_\_ City: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Type of work: \_\_\_\_\_  
Does Def. Work in one location? Yes No If no,where: \_\_\_\_\_  
Is the defendant: Violent towards Police \_\_\_\_\_ Drug User \_\_\_\_\_ If yes, what type: \_\_\_\_\_  
Heavy drinker \_\_\_\_\_ Spanish Speaker \_\_\_\_\_  
Does the defendant carry: Gun \_\_\_\_\_ Type \_\_\_\_\_ Knife \_\_\_\_\_ Type \_\_\_\_\_  
Vehicle Information:  
Make: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate / State: \_\_\_\_\_  
Damage to vehicle or other distinctive marks: \_\_\_\_\_  
Other information you feel would help in the service of your documents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFER TO THE GENERAL SERVICE INFORMATION SHEET REGARDING SERVICE FEES AND INSTRUCTIONS.**

**Internal use only: SFW** \_\_\_\_\_